

ED 175

REV. 8/03

C.G.S. 10-145

C.G.S. 10-145d, P.A. 03-168

Regs. 10-145d-420

CONNECTICUT STATE DEPARTMENT OF EDUCATION

Bureau of Educator Preparation and Certification

P.O. Box 150471 – Room 243

Hartford, CT 06115-0471

www.state.ct.us/sde



APPLICATION FOR EXTENSION OF SUBSTITUTE TEACHER
AUTHORIZATION BEYOND THE 40-DAY LIMIT

PART I: PERSONAL INFORMATION (Print all information in dark ink and in uppercase letters.)

LAST NAME

FIRST NAME

MI

GENDER (M/F)

SOCIAL SECURITY NUMBER

BIRTH DATE (Month-Day-Year) – **Required**

ADDRESS (Street)

(Apt #)

(City)

(State)

(Zip Code)

FORMER LAST NAME(S)

PHONE

(Home)

(Work)

Race/Ethnicity

(Optional)

1. Native American
2. Asian/Pacific Islander
3. Black
4. White
5. Hispanic

E-MAIL ADDRESS

1. Have you ever been convicted of **any** crime, excluding minor traffic violations? ☐ YES ☐ NO
2. Have you ever been dismissed for cause from any position? ☐ YES ☐ NO
3. Have you ever surrendered a professional certificate, license, permit or other credential (including, but not limited to, an education credential); had one revoked, suspended, annulled, invalidated, rejected or denied for cause; or been the subject of any other adverse or disciplinary credential action? ☐ YES ☐ NO

NOTE: If you answer “YES” to any of the above questions, you must attach a signed statement of explanation. If there are multiple incidents within each question, you must list and explain each separately. Submit **official** copies of court or administrative record(s), including disposition of each case.

Information on this application is subject to disclosure pursuant to the Freedom of Information Act.

PART II: EDUCATIONAL BACKGROUND

1. List all education you have completed, including high school, trade-related vocational school and/or other postsecondary schooling.

NAME OF INSTITUTION	STATE	DATES ATTENDED		MAJOR FIELD OF STUDY	DEGREE AWARDED
		From (M/Y)	To (M/Y)		

2. If a bachelor's degree is required for the subject(s) and grade level(s) of the substitute teaching assignment(s), official transcripts are attached verifying the completion of the required bachelor's degree and 12 semester hours of credit in the area(s) requested.
3. If this request is for an occupational or trade-related subject for which a bachelor's degree is not required, you must attach verification of eight years of appropriate occupational experience. Verification of experience must be submitted on company letterhead. If you are self-employed, we will accept a notarized statement and photocopies of tax records.

PART III: APPLICANT ATTESTATION

I certify that the information provided by me on this application and any accompanying documents contains no material misrepresentations, falsifications or omissions and that all of the information given by me is true, complete and accurate. I understand that all application and accompanying information may be verified and that any material misrepresentation, falsification or omission may result in the denial or revocation of my certificate(s), permit(s) or authorization(s).

ORIGINAL SIGNATURE OF APPLICANT

DATE:

PART IV: EMPLOYING AGENT INFORMATION

1. Indicate the subject(s) and grade level(s) of the substitute teaching assignment(s), including occupational or trade-related subjects for which a bachelor's degree is not required.

Subject _____ Grade Level _____ Subject _____ Grade Level _____

2. Attach a letter documenting steps taken by the board of education to secure a certified candidate suitable for this position. Please indicate the number of certified applicants who applied for this position and identify the reasons why a certified candidate was not hired. Additionally, indicate any circumstances and conditions which make this position particularly difficult to staff.
3. List and attach a copy of the specific location and dates of newspaper advertisements, vacancy notices, university postings, teacher agency contacts, Internet job postings, etc.

PART V: EMPLOYING AGENT ATTESTATION

I am requesting an extension of substitute teacher authorization beyond the 40-day limit for the candidate listed on this application. I understand that, if approved, this candidate may serve in this position until June 30 of the current school year.

Signature of Superintendent, Executive Director or designee
attesting to the accuracy of information
(Original Signature: No Signature Stamps Accepted)

Date

Typed or Printed Name of Person Signing Above

Title

District

Telephone

Street

FAX Number

City, State, Zip Code

E-mail Address

ED 175

REV. 8/03

C.G.S. 10-145

C.G.S. 10-145d, P.A. 03-168

Regs. 10-145d-420

CONNECTICUT STATE DEPARTMENT OF EDUCATION**Bureau of Educator Preparation and Certification****P.O. Box 150471 – Room 243****Hartford, CT 06115-0471**www.state.ct.us/sde**INSTRUCTIONS TO APPLICATION FOR EXTENSION OF SUBSTITUTE TEACHER
AUTHORIZATION BEYOND THE 40-DAY LIMIT****THIS CHECKLIST MUST BE ATTACHED TO THE COMPLETE APPLICATION PACKET**

Listed below are the required documents which must be submitted to the Bureau of Educator Preparation and Certification to process your request for a Substitute Teacher Authorization Beyond the 40-Day Limit. This authorization will expire on June 30 of the school year during which it was approved.

Applicant:

- ☐ a. Complete Parts I, II and III.
- ☐ b. Attach official transcript(s), signed and sealed by the registrar(s), indicating the completion of a bachelor's degree and a minimum of 12 semester hours of credit in the area(s) requested. Official transcripts must include the embossed or colored seal of the college or university.
- ☐ c. Return your completed portion of the application to the superintendent of schools, executive director or designee.

Employing Agent:

- ☐ a. Complete Parts IV and V and mail application and supporting documentation to the Bureau of Educator Preparation and Certification at the above address.

FOR OFFICE USE ONLY

The person named on this application ☐ IS authorized ☐ is NOT authorized to serve as a substitute teacher for the board of education listed above.

Authorized Signature: _____

Date: _____

Information on this application is subject to disclosure pursuant to the Freedom of Information Act.